

2008 MICHIGAN Home Heating Credit Claim MI-1040CR-7

Issued under authority of Public Act 281 of 1967. Type or print in blue or black ink.

Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7

Attachment 08

PLACE LABEL HERE	▶ 1. Filer's First Name	M.I.	Last Name	▶ 2. Filer's Social Security Number (Example: 123-45-6789)
	If a Joint Return, Spouse's First Name	M.I.	Last Name	
	Home Address (No., Street, P.O. Box or Rural Route)			▶ 3. Spouse's Social Security Number (Example: 123-45-6789)
	City or Town	State	ZIP Code	▶ 4. County Code (p. 15)

▶ 5. Are your heating costs currently included in your rent or in someone else's name (see instructions)?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	▶ 11. Exemptions. Enter the number that applies to you, your spouse, or your dependents and complete line 12 below. Personal Exemption (You and your spouse only) ▶ a. <input type="text"/> Age 65 or older ▶ b. <input type="text"/> Deaf, Disabled or Blind, Qualified Disabled Veteran ▶ c. <input type="text"/> Unemployment compensation greater than 50% of AGI ▶ d. <input type="text"/> Number of children living with you: • Ages 2 and under ▶ e. <input type="text"/> • Ages 3-5..... ▶ f. <input type="text"/> • Ages 6-18..... ▶ g. <input type="text"/> Dependent adults, other than your spouse, who live with you ▶ h. <input type="text"/> Add lines 11a through 11h i. <input type="text"/>
▶ 6. Do you want your name and address referred to other government assistance programs for which you may qualify?....	<input type="checkbox"/>	<input type="checkbox"/>	
▶ 7. Do you or your spouse now receive Supplemental Security Income (SSI)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
▶ 8. ENTER YOUR AGE if you are age 60 or older...	You <input type="text"/>	Spouse <input type="text"/>	
▶ 9. How much were you billed for heat between 11/1/2007 - 10/31/2008?.....	<input type="text"/>	00	
▶ 10. If you lived in one of these CARE facilities (not a senior apartment complex) for all of 2008, check the box and STOP here, see instructions.			
a. <input type="checkbox"/> Nursing Home	b. <input type="checkbox"/> Adult Foster Care Home		
c. <input type="checkbox"/> Licensed Home for the Aged	d. <input type="checkbox"/> Substance Abuse Center		

12. Enter below the name, Social Security number, relationship and age of the dependents you claimed in line 11, e - h above.			
Dependent's Name	Dependent's Relationship to You	Social Security Number	Age in Years
a.			
b.			
c.			
d.			

13. Wages, salaries, tips, sick, strike and SUB pay, etc.....	13.	<input type="text"/>	00
14. All interest and dividend income (including nontaxable interest).....	14.	<input type="text"/>	00
15. Net business, royalty or rent income (including self-employment).....	▶ 15.	<input type="text"/>	00
16. Annuity, retirement pension and IRA benefits. Name of Payer:	16.	<input type="text"/>	00
17. Net farm income	17.	<input type="text"/>	00
18. Capital gains less capital losses.....	18.	<input type="text"/>	00
19. Alimony and other taxable income (see instructions). Describe:	19.	<input type="text"/>	00
20. Social Security, Supplemental Security Income (SSI) and/or railroad retirement benefits	▶ 20.	<input type="text"/>	00
21. Child support	21.	<input type="text"/>	00
22. Unemployment compensation	▶ 22.	<input type="text"/>	00
23. Other nontaxable income (see instructions). Describe:	23.	<input type="text"/>	00
24. Workers' compensation, veterans' disability compensation and pension benefits	24.	<input type="text"/>	00
25. FIP and other DHS benefits (do not include Food Assistance Program benefits).....	▶ 25.	<input type="text"/>	00
26. Subtotal. Add lines 13 through 25. Enter here and carry amount to line 27.....	26.	SUBTOTAL	00

Filer's Social Security Number

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27. Enter amount from line 26 27.

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28. Other adjustments (see instructions).
Describe: 28.

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29. Medical insurance or HMO premiums you paid for you and your family 29.

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30. Add lines 28 and 29 30.

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31. **HOUSEHOLD INCOME.** Subtract line 30 from line 27. If line 30 is greater than line 27, enter "0" ▶ 31.

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Standard and Alternate Home Heating Credit Computations32. **STANDARD CREDIT.** Standard allowance from Table A, p.15 32.

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33. Multiply line 31 (Household Income) by 3.5% (0.035) 33.

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34. Subtract line 33 from line 32 for standard credit amount.
If line 33 is greater than line 32, enter "0" 34.

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35. If you answered "Yes" to line 5, multiply the amount on line 34 by 50% (0.50). Enter here and
on line 40. (If approved, the final amount as shown on line 41 is issued as a check.) 35.

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36. **ALTERNATE CREDIT.** Total heating costs from line 9 or
\$2,351 (whichever is less) 36.

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37. Multiply line 31 (Household Income) by 11% (0.11) 37.

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38. Subtract line 37 from line 36. If line 37 is greater than line 36, enter "0" 38.

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39. Multiply line 38 by 70% (0.70) for alternate credit amount 39.

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40. If you completed line 35, enter that amount here. Otherwise, enter the larger
of lines 34 or 39 here 40.

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41. **HOME HEATING CREDIT.** Multiply line 40 by 65% (0.65) ▶ 41.

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42. RESIDENCY in 2008:*Complete Dates of **Michigan** Residency in 2008.
Enter dates as MM-DD-YYYY (Example: 04-15-2008)a. ☐ Residentb. ☐ Nonresidentc. ☐ Part-Year Resident*

FROM:

TO:

YOU		SPOUSE	
—	— 2008	—	— 2008
—	— 2008	—	— 2008

IMPORTANT43. ▶ ☐ **You must check this box to receive a refund from your heat provider for any overpayment to your heat account, if eligible. See instructions, p. 8.**

Before you sign, please review your claim. Make sure your name, Social Security number and current mailing address are on the form and that you have answered all the questions that pertain to you.

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-2007, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2008 (MM-DD-YYYY). ▶ Filer <table border="1"><tr><td>—</td><td>—</td></tr></table> ▶ Spouse <table border="1"><tr><td>—</td><td>—</td></tr></table>		—	—	—	—	Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge. ▶ Preparer's PTIN, FEIN or SSN <table border="1"><tr><td></td></tr></table>		
—	—							
—	—							
Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. Filer's Signature _____ Date _____ Spouse's Signature _____ Date _____		▶ Preparer's Business Name (print or type) _____ Preparer's Business Address (print or type) _____						
▶ I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No								

**File (postmark) your claim by September 30, 2009. Mail your claim to: Michigan Department of Treasury
Lansing, MI 48956**